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*Ltr sent Clark
re this
o/a 5/15/76
ESF
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Mr. Ronald W. Clark
10, Compden Street
Kensington
London W8, England

Dear Mr. Clark:

Shortly after receiving your letter regarding your biography of Colonel Friedman, I spoke to Mrs. Elizabeth Friedman at some length and explained some of the problems which I face as the treating psychiatrist of the late Colonel Friedman in giving any clinical data without the full knowledge and consent of the direct survivors. For this reason I am sending this letter to her to be read, corrected, and even have certain parts deleted if necessary. Whatever residual material you will receive will in turn be subjected to your own criteria of suitability, taste, and relevance, and this, we all understand.

To begin with, Mrs. Friedman's statement that Colonel Friedman "voluntarily completed a course" with me, leaves many questions unanswered. I will try to be as specific as possible using my rather extensive notes to fill in the details. Even so, you will not be getting the entire story, and nor did I get the entire story even though I knew Colonel Friedman very well as his psychiatrist and admired him enormously as a gifted person and as a fine human being.

Colonel Friedman first consulted me on March 31, 1950 in my office, which was then located at 1712 Rhode Island Avenue, N.W., Washington, D.C. He had been referred to me by Dr. Paul Ewerhardt, an excellent psychiatrist, whom he had consulted from 1947 to 1948 and also by Dr. Corson, a psychiatrist at the Veterans Administration Hospital, then located at Mt. Alto, Washington, D.C. where he had been treated for over a month in January and February 1950.

Colonel Friedman was 58 years of age at the time I first examined him. He was in the midst of a very profound depression and gave the following history of previous psychiatric difficulties. In 1927* he consulted a local psychoanalyst, Dr. Philip Graven, whom he saw for approximately six months. I have no notes as to what happened as a result of his sessions with Dr. Graven but I presume that he felt some relief and saw no reason in pursuing them any further. He reported that he felt mildly upset during the period from 1933 to 1934, but gave no indication of consulting anyone during this period. In late 1940 he was a patient on the neuropsychiatric section of the Walter Reed General Hospital because of a depression and was discharged in April 1941, when he went directly back to his work as a cryptanalyst. There is no record of the kind of treatment he received at Walter Reed General Hospital but Mrs. Friedman, over the telephone, indicated to me that it did not consist of very much because there was a very

** 1927 This was a "practice" trial - Dr Graven was trying out his training in Vienna, and WFF was thrusting out a patient's role.*

large ward and very few doctors, all of whom were very busy. It is significant to note that during the time he was in Walter Reed and shortly thereafter, he apparently made some of his most brilliant deductions. In 1947 he consulted Dr. Paul Ewerhardt, a well known psychiatrist in Washington, because of what he called "psychic giddiness" while walking, playing golf, and which manifested itself as a tendency to walk to the left. He also complained of tension and insomnia. He continued seeing Dr. Ewerhardt into 1948 and gradually tapered off his visits.

The illness for which he consulted me began in Christmas 1949 and by January 1950 he became so deeply depressed that he frankly admitted having had suicidal thoughts. He entered Mt. Alto voluntarily on January 23, 1949 but disliked the place intensely, particularly since he had to be placed with other psychotic patients who were much sicker than he was. He was transferred to an open ward where he spent approximately one month and was permitted to have weekends at home, but he did not like it very much and continued to be progressively more depressed. When I saw him he showed clear-cut evidence of what we call "psychomotor retardation," namely, a marked slowing up of all physical and mental faculties. He was in acute despair and complained of being much worse in the morning. (This is a typical symptom of endogenous depression) namely, the kind of depression which has its roots within the individual rather than being the result of external factors. This is also the kind of depression which is most amenable to the newer tricyclic antidepressants (which were not available in 1950) and which also responded to electroshock therapy.

Colonel Friedman was so profoundly depressed and the possibility of suicide so real, that I recommended his entering the Psychiatric Unit of George Washington University Hospital for the purpose of receiving electroshock therapy. He was admitted on March 31, 1950 and he received a total of 6 electroshock treatments, each without incident or complication. He had a rapid and dramatic recovery and was discharged from the hospital on April 11th. Although he had entered the hospital in a very glum, morose, deeply depressed and potentially suicidal mood, he was almost elated when he was discharged and in a characteristically effusive way he kissed the nurses goodbye in a rather avuncular fashion. About a month or so later I saw him and his wife at a Toscanini concert at Constitution Hall. He appeared in excellent spirits, smiling, and we had a pleasant chat. I did not see him again until years although he would have occasional episodes of depression which were treated by consulting Dr. Ewerhardt from time to time.

I next saw Colonel Friedman on June 21, 1961 and he reported a rather formidable series of physical and psychological catastrophes which had befallen him and members of his family. In 1955 he had a series of three heart attacks and as a result was retired in the fall of 1955. In January 1956 he became depressed at his lack of work and the Director of NSA came to his home following his third heart attack and offered him an opportunity to work at home. When he became depressed in 1956 he returned to Dr. Ewerhardt, saw him for some time, and recovered from his depression. In 1957 he wrote a book which was successful and well received. In 1958 he went to the University of California at Los Angeles to give some lectures. While there he was shocked by the then directors of the NSA who clamped down on him and prevented him from using much of the material he had intended to use for his lectures. Many of their decisions were arbitrary and sound perfectly silly and absurd from this perspective. For example, the NSA classified his essay on Edgar Allan Poe as "secret." He became depressed again, and again saw Dr. Ewerhardt.

The book?

In October 1959 he received a telephone call from his son-in-law in Cambridge, England informing them that their daughter, Barbara, was in a state of alcoholic anesthesia. Even though he was depressed he felt better upon being called into action. He flew to England and found that Barbara was recovering but he stayed on for about five months. He then discovered that Barbara's husband was attempting to place her in a mental hospital and he exerted all his efforts to provide her with the best possible psychiatric and legal advice.

In March 1960 his daughter and son-in-law (Dr. and Mrs. Walter Freygang) spent two months with Mr. and Mrs. Friedman in Washington. He described it as "bedlam." There developed an extremely messy legal situation, a custody suit and a divorce action which lasted for many months, during which Colonel Friedman expended an enormous amount of energy and material resources. Eventually Dr. Freygang abducted the child even though he had little real interest in him and this

brought another depression in Colonel Friedman. He felt that his neurosis had become worse, that cryptology had now become abhorrent to him. (He felt that the new directors at the NSA were generally incompetent and their actions were an affront to his dignity.) He began to fear the the current Director might confiscate all of his old papers and books which were once declassified and he showed a general loss of self-confidence and self-respect. Colonel Friedman had seen Dr. Ewerhardt a few weeks prior to my June 21, 1961 consultation but Dr. Ewerhardt had become quite deaf and he felt that he needed to see another therapist. I saw him for several sessions using only very mild medication and by July 3rd he reported that he was much better, that he had a sudden and dramatic recovery, felt much more relaxed, was back to driving his car and playing golf and swimming. He was puzzled as to why he had made such a sudden recovery because he was not taking that much medication and his total life situation had not changed that remarkably. The only medication he was taking was 1 Dexamyl tablet every morning and 1 Librium capsule, 10 mg. in the middle of the afternoon. His alcohol consumption was down to approximately 6 oz. a day, which had been more or less standard for him for a long time.

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On January 3, 1963 Colonel Friedman returned to me in the throes of a deep depression with "no desire to go on -- what's the use, with a complete lack of interest in everything." He was placed on antidepressive medication in January 1963 but in spite of the medication and frequent (weekly) sessions he continued to be depressed and entertained many morbid thoughts. His condition became so much worse that I recommended his entering the hospital and on February 10, 1963 he was admitted to my service on the Psychiatric Unit of Sibley Memorial Hospital for a period of observation and treatment. I saw him daily while he was in the

*He spent 6 weeks on the Mediterranean
at Menton*

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hospital until his discharge on March 6, 1963. At that time he was taking some medication to combat his insomnia and a mild antidepressant. I continued to see him at weekly intervals and he made slow but steady progress for a while. In April Colonel and Mrs. Friedman decided to go to Europe, an itinerary consisting of Amsterdam, Zurich, and several other cities. At that time he sounded in reasonably good spirits and I approved of his going.

They returned from Europe on September 16th but aside from a few good days in Amsterdam and Menton, he remained depressed for the entire duration of the trip. He became much worse in Zurich and the doctor there gave him some Taractan and Tofranil, an antidepressant. He took this medication for about two weeks but had showed no improvement. Since his return he had become much worse, cried fitfully, became very depressed, felt that his brain was gone and that he felt hopeless and senile. At first he refused to see me or return to Sibley because he did not want to be a "repeater." He blamed me and himself for not getting well and staying well. Because of his mood he was depending excessively on alcohol, although he was not, at any time intoxicated. He was readmitted to my service on the Psychiatric Unit of Sibley on September 28, 1963 and was seen daily until his discharge on November 4, 1963, at which time he was considerably improved. He was taking very mild medication at that time because the stronger antidepressants did not agree with him.

I saw him at fairly infrequent intervals through 1964 during which time he was under the care of his physician, Dr. Stanley Talpers, and complained bitterly of any physical symptoms, such as shortness of breath, tingling of the extremities, and fear that he was falling apart physically. He had become mildly depressed once again, hated reading newspapers, felt that he had been grossly hurt by the people at NSA because they distrusted him and reclassified all of his papers so that he would not be able to sell any of the historical ones, and he began feeling that the people at NSA were "out to get him." I last saw Colonel Friedman on August 14, 1964 at which time he was doing only fairly well. His wife was very much concerned about his condition, feared that he might be drinking more than was good for him, and came to see me on two occasions (December 12th and December 30, 1966) because of his episodes of extreme sleepiness, his withdrawal from people, his irritability, and his tendency to blame his wife, his physicians, and others for his current life situation. The diagnosis of Coronary Heart Disease had been made by this time and he was receiving some medication for this. Mrs. Friedman reported some swings in mood which are so suggestive of the manic depressive type of illness. For example, she mentioned that his spirits suddenly lifted in the spring of 1965 but he became depressed that fall. He experienced another elevation of mood in the spring of 1966. We reviewed the history of his illnesses with depressions almost every seven years (1927-1934-1941-1948-1950). In more recent years he had become depressed every fall and somewhat euphoric every spring. However, Mrs. Friedman stated that he was becoming more and more of a recluse but he was very careful of his image when he left the home and he never displayed his temper or his irritability in front of strangers.

My consultation with Mrs. Friedman on December 30, 1966 was my last professional contact with the case until I read of his death in the Washington Post. I then communicated with Mrs. Friedman and received a very lovely note from her.

As you may gather, I was very fond of Colonel Friedman as a man and admired him enormously for what he had done for his country and for his highly specialized

profession. From the psychiatric standpoint, I think there is no doubt but that we were dealing with an extraordinarily intelligent man who suffered from Manic Depressive Illness with alternating bouts of severe depression, or melancholia if you wish, alternating with some periods of mild euphoria during which I am sure he was extraordinarily creative. From the psychiatric standpoint, his life story illustrates how productive a person can be in spite of (or because of ?) a serious or psychiatric disorder. It also shows how a person with severe suicidal depression may receive electroshock therapy and not only recover but be able to do very significant work following his recovery. Colonel Friedman was plagued by all sorts of trials and tribulations, many of which came from the outside, but a good many of which came from within him. As you know, ~~he~~ was born in Kishinev, of Roumanian-Jewish parents and he ~~remembered~~ from his early childhood the great fear of pogroms. He came to the United States at the age of one or two, where his father was a Singer sewing machine salesman. The family was always in debt (according to Colonel Friedman). At the time I spoke to him in 1961, he had only one brother and one sister living. He told about his younger brother, Stanley, whom he classified as "an unwanted child" who developed a psychosis and entered a mental hospital where he committed suicide. Another brother, Harry, in Chicago, had a severe neurosis and in 1955 entered a psychiatric hospital. Six weeks later he died of lung cancer. When I saw him in July 1961 to get this material, he told me that the "super secrecy business" at NSA began in 1958. He feared that they could make it very difficult for him if they became vindictive. He told me "NSA considers me their greatest security risk!" One week after he told me this he was infinitely better in his mood and his perspective was correspondingly improved.

I know that much of this material may be irrelevant to a biographer and as I stated earlier in this letter, I will ask Mrs. Friedman to read it carefully and if she approves, then she can forward it directly on to you. I will also assume that you will use the biographer's discretion in using this material. I have no objection to your identifying me by name if you consider it important to the biography.

If there are any specific questions which are generated by this material, please do not hesitate to write me directly. It is best if you use the office address on this letterhead.

Sincerely yours,

Z. M. Lebensohn
Zigmond M. Lebensohn, M.D.

ZML/mb

cc: Mrs. Friedman